

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

08

08

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		35088.05
(b) Cash on Hand at Beginning of Reporting Period	9640.14	
(c) Total Receipts (from Line 19)	15104.71	191162.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24744.85	226250.85
7. Total Disbursements (from Line 31)	2977.66	204483.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21767.19	21767.19
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9075.92	45035.99
(i) Itemized (use Schedule A)	1028.79	28626.81
(ii) Unitemized	10104.71	73662.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	5000.00	117500.00
(c) Other Political Committees (such as PACs)	15104.71	191162.80
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15104.71	191162.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15104.71	191162.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1027.66	197033.66
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		1950.00	7450.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		2977.66	204483.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		2977.66	204483.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15104.71	191162.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15104.71	191162.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. James G. Lewis

Mailing Address 4608 Driftwood

City State Zip Code
 Frisco TX 75034-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Security Life Ins-
urance Compan

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 7

Transaction ID: 20711157

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Leah J. Walters

Mailing Address 101 Consitution Ave, NW
 Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurance

Occupation
Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 2 / 2 0 0 7

Transaction ID: 20728198

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Jerry D Davis

Mailing Address P.O. Box 1486

City State Zip Code
 Fort Worth TX 76101-1486

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Farm Life Insura-
nce

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 20877110

Amount of Each Receipt this Period

1450.00

SUBTOTAL of Receipts This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Cary Wright

Mailing Address P.O. Box 1486

City State Zip Code
 Fort Worth TX 76101-1486

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Farm Life Insur-
ance

Occupation
Senior Vice President, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 20877113

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. C. Robert Henrikson

Mailing Address 153 Sunset Hill Road

City State Zip Code
 New Canaan CT 06840-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetLife, Inc.

Occupation
Chairman of the Board, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901565

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW
 Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.63

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1120489711284

Amount of Each Receipt this Period

88.66

P/R Deduction (\$44.33 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

1588.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR115642711284

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Ann B. Cammack

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President, Tax and Retirement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1786.41

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR133339291284

Amount of Each Receipt this Period

255.20

P/R Deduction (\$127.60 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice Pres & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1892.37

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771358211284

Amount of Each Receipt this Period

270.34

P/R Deduction (\$135.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

625.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Linda H. CunninghamMailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771362411284

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-
i-Monthly)B. Full Name (Last, First, Middle Initial)
Mr. John F. DolanMailing Address 101 Constitution Ave, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771365411284

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Sem-
i-Monthly)C. Full Name (Last, First, Middle Initial)
Ms. Barbara A. PriceMailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
VP, Legislative & Regulatory Informati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.17

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771369011284

Amount of Each Receipt this Period

50.26

P/R Deduction (\$25.13 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

190.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. J Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1632.55

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771373211284

Amount of Each Receipt this Period

233.22

P/R Deduction (\$116.61 Se-
mi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.73

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771373511284

Amount of Each Receipt this Period

42.82

P/R Deduction (\$21.41 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David M. M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.38

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771374011284

Amount of Each Receipt this Period

108.34

P/R Deduction (\$54.17 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

384.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771374311284

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771376011284

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. C Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.87

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771376811284

Amount of Each Receipt this Period

42.84

P/R Deduction (\$21.42 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

132.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John W. W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771377111284

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Se-
mi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Donald G. Preston Jr.

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Managing Director, Reinsurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.85

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771386411284

Amount of Each Receipt this Period

153.12

P/R Deduction (\$76.56 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Executive Vice President, Federal Rela

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2282.28

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771395111284

Amount of Each Receipt this Period

326.04

P/R Deduction (\$163.02 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

679.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Pearson

Mailing Address 10075 Red Run Boulevard

City State Zip Code
 Owings Mills MD 21117-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baltimore Life Insurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771402611284

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.86

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771419311284

Amount of Each Receipt this Period

79.98

P/R Deduction (\$39.99 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)

Frank Keating

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771419711284

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

596.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael J. Hunter

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771419811284

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

Full Name (Last, First, Middle Initial)

B. Brenda Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771419911284

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Nancy Smith

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771420011284

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

546.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Daniel J. J. Mahoney

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.31

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771420911284

Amount of Each Receipt this Period

113.76

P/R Deduction (\$56.88 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Senior Counsel & Director, Southern Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771421011284

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.53

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771422911284

Amount of Each Receipt this Period

59.38

P/R Deduction (\$29.69 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

273.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771423211284 Amount of Each Receipt this Period 80.00	
Mailing Address 101 Constitution Avenue, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Associate General Counsel, Litigation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00 P/R Deduction (\$40.00 Semi-Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428711284 Amount of Each Receipt this Period 110.42	
Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Senior Legislative Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 740.42 P/R Deduction (\$55.21 Semi-Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428811284 Amount of Each Receipt this Period 117.50	
Mailing Address 101 Constitution Ave, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Senior Vice President, Federal Relatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 822.50 P/R Deduction (\$58.75 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)

307.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428911284	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 171.26	
City Washington	State DC	Zip Code 20001-2133	P/R Deduction (\$85.63 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Vice President and Corp Sec. Aggregate Year-to-Date ▼ 1198.81		
B. Full Name (Last, First, Middle Initial) Alane R. Dent		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771444311284	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 48.80	
City Washington	State DC	Zip Code 20001-2133	P/R Deduction (\$24.40 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 341.60		
C. Full Name (Last, First, Middle Initial) T Scott Dixon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771444911284	
Mailing Address 101 Constitution Avenue NW Suite 700 West		Amount of Each Receipt this Period 40.00	
City Washington	State DC	Zip Code 20001-2133	P/R Deduction (\$20.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Controller Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)

260.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771449611284 Amount of Each Receipt this Period 50.00	
Mailing Address 101 Constitution Avenue NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00 P/R Deduction (\$25.00 Semi-Monthly)	
B. Full Name (Last, First, Middle Initial) Mrs Monica M Hainer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR798114411284 Amount of Each Receipt this Period 54.00	
Mailing Address 130 Wentworth Drive City Lansdale State PA Zip Code 19446-1671 FEC ID number of contributing federal political committee. C			
Name of Employer London Life Reinsurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00 P/R Deduction (\$27.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Maurice Perkins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR805149111284 Amount of Each Receipt this Period 136.66	
Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 956.63 P/R Deduction (\$68.33 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)

240.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Wayne A. Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR904819511284

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

9075.92

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 23

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nationwide PAC

Mailing Address One Nationwide Plaza

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.**C**

C00076174

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 20901327

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-Kind for Room Rental and Staff Solici

Candidate Name
Robert Andrews

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 1

Transaction ID: 20895735

Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

550.00

In-Kind for Room Rental
and Staff Solicitation ti-
me/facilities

Full Name (Last, First, Middle Initial)

B. Ridgewells, Inc.

Mailing Address Attn: Accounting Department
5525 Dorsey Lane

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
In-kind for Catering for 8/1/07 Event

Candidate Name
Robert Andrews

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 1

Transaction ID: 20895960

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

227.66

In-kind for Catering for
8/1/07 Event

Full Name (Last, First, Middle Initial)

C. ACLI Services, Inc.

Mailing Address 101 Constitution Ave, NW
8th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-kind for room rental

Candidate Name
Sen. Trent Lott

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 2

Transaction ID: 20728462

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

250.00

In-kind for room rental

SUBTOTAL of Disbursements This Page (optional)

1027.66

TOTAL This Period (last page this line number only)

1027.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry Klein Campaign Committee

Mailing Address P.O. Box 265

City
Fessenden

State
ND

Zip Code
58438

Purpose of Disbursement
Jerry Klein, STATE SENATE ND

Candidate Name
Senator Jerry Klein

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 14

Transaction ID: 20694250

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

300.00

Jerry Klein, STATE SENATE
ND

Full Name (Last, First, Middle Initial)

B. North Dakota Dem-NPL House Caucus

Mailing Address Kennedy Center
1902 East Divide Ave

City
Bismarck

State
ND

Zip Code
58501

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20895717

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. North Dakota Dem-NPL Senate Caucus

Mailing Address Kennedy Center
1902 East Divide Ave

City
Bismarck

State
ND

Zip Code
58501

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20895718

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. North Dakota House Republican Caucus

Mailing Address c/o Nicole Weiler
526 Munich Drive

City Bismarck State ND Zip Code 58504

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20694253

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. North Dakota Senate Republican Caucus

Mailing Address c/o Lisa Stenehjelm
2421 North 4th Street

City Bismarck State ND Zip Code 58503

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 20694314

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1950.00